

1915(i) Policy

Peer Support Service 510-08-65-35

Service Title: Peer Support Service

Service Definition (Scope)

Services are delivered to participants Age 18 and older by trained and certified individuals in mental health or substance use recovery that promote hope, self-determination, and skills to achieve long-term recovery in the community. peer support specialists have lived experience as a recipient of behavioral health services with a willingness to share personal, practical experience, knowledge, and first-hand insight to benefit service users. Services are provided in a variety of home and community based (HCBS) settings including: the individual's home, a community mental health center, a peer recovery center, and other community settings where an individual and a peer may meet and interact (i.e. community center, park, grocery store, etc.).

A participant's need for initial and continued services shall be discussed at each 1915(i) person-centered plan of care meeting and formally evaluated during the WHODAS 2.0 functional needs assessment as part of the initial and annual reevaluation process. The care coordinator must document a need for the service to support a participant's identified goals in the person-centered plan of care and document the participant's progress toward their goals.

The provider must provide a monthly update to the care coordinator.

Community-based peer support, including forensic peer support - Trauma-informed, non-clinical assistance to achieve long-term recovery from a behavioral health disorder. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual person-centered plan, which delineates specific goals that are flexibly tailored to the participant and attempt to utilize community and natural supports. The intent of these activities is to assist individuals in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.

Peer Support Services include:

1. Engagement and bridging
 - Providing engagement and support to an individual following their transition from an institutional setting (state hospital, inpatient hospital, congregate care, nursing facility, or correctional setting) to their home communities.
2. Coaching and enhancing a recovery-oriented attitude
 - Promoting wellness through modeling.
 - Assisting with understanding the person-centered planning meeting.
 - Coaching the individual to articulate recovery goals.

- Providing mutual support, hope, reassurance, and advocacy that include sharing one's own "personal recovery/resiliency story".
- 3. Self-Advocacy, self-efficacy, and empowerment
 - Sharing stories of recovery and/or advocacy involvement for the purpose of assisting recovery and self-advocacy.
 - Serving as an advocate, mentor, or facilitator for resolution of issues.
 - Assisting in navigating the service system including helping develop self-advocacy skills (e.g. assistance with shared decision making, developing mental health advanced directives).
 - Assisting the individual with gaining and regaining the ability to make independent choices and assist individuals in playing a proactive role in their own treatment (assisting/mentoring them in discussing questions or concerns about medications, diagnoses or treatment approaches with their treating clinician). The peer specialist guides the individual to effectively communicate their individual preferences to providers.
 - Assisting with developing skills to advocate for needed services and benefits and seeking to effectively resolve unmet needs.
 - Advocacy and coaching on reasonable accommodations as defined by Americans with Disabilities Act (ADA).
- 4. Skill development
 - Developing skills for coping with and managing psychiatric symptoms, trauma, and substance use disorders.
 - Developing skills for wellness, resiliency, and recovery support.
 - Developing, implementing, and providing health and wellness training to address preventable risk factors for medical conditions.
 - Developing skills to independently navigate the service system and promoting the integration of physical and mental health care.
 - Developing goal-setting skills.
 - Building community living skills.
- 5. Community connections and natural support are provided by peers and completed in partnership with individuals for the specific purpose of achieving increased community inclusion and participation, independence, and productivity.
 - Connecting individuals to community resources and services.
 - Accompanying individuals to appointments and meetings for the purpose of mentoring and support.
 - Helping develop a network for information and support including connecting individuals with cultural/spiritual activities, locating groups/programs based on an individual's interest including peer-run programs, and support groups.

Peer relief services are voluntary short-term and offer interventions to support individuals for averting a psychiatric crisis. The premise behind peer relief is that psychiatric emergency services can be avoided if less intrusive supports are available in the community.

Enrolled Medicaid 1915(i) providers are required to provide the whole scope of service rather than only portions of the service. The activities contained in the service

description is what CMS allows reimbursement for. The following are examples of what is not reimbursable to the provider:

- Services provided not included in the service description including associated costs incurred for providing the service, for example, checking a member's eligibility.
- *Client not present.* The client must always be present with the provider for reimbursement to occur.
- *Services provided to a non-eligible member.* Providers are responsible for confirming member eligibility prior to delivering each service.
- *Services provided by a non-qualified provider.* Group providers are responsible for ensuring their group and affiliated individual providers meet all qualifications.
- Services provided to a member not meeting the specific requirements of the service, such as age.
- Services provided without a valid service authorization.
- Non-valid claims.

Service Limits

There is a daily maximum of 8 hours (32 units) and an annual maximum of 260 hours per calendar year.

Service is limited to individuals Age 18 and older.

Service authorization requests exceeding the maximum limit which are deemed necessary to prevent the member's imminent institutionalization, hospitalization, or out of home/out of community placement will be reviewed by the NDDHHS. All requests to exceed limits must initiate with the care coordinator.

Service Duplication

1915(i) services cannot be provided to an individual at the same time as another service that is the same in nature and scope regardless of source, including Federal, state, local, and private entities. For the client to be authorized for 1915(i) Peer Support services, the care coordinator must first verify that services are not duplicated.

See 1915(i) Service Duplication Policy.

Care Coordinator Responsibility for ensuring nonduplication with 1915(c) Waivers.

To avoid service duplication with 1915(c) waiver services, the care coordinator will contact the State Medicaid Office to inquire if the member has any eligibility spans for any of the C waivers in MMIS. If yes, the care coordinator will reach out to the C

Waiver authority and do due diligence to ensure the 1915(i) Plan of Care will not include services the member could receive through the 1915(c) waiver.

At this time the state has identified no duplication between this service offered in the 1915(i) and services offered in the State's HCBS 1915(c) Waivers.

See the "Avoiding Service Duplication with 1915(c) Waivers" section of the 1915(i) Service Duplication policy for specific requirements.

Conflict of Interest

See 1915(i) Conflict of Interest Standards Policy.

Remote Support

Peer Support Specialist must meet in person with the participant before providing remote services and at least quarterly, after which remote support may be utilized for up to 25% of all services provided in a calendar month.

See 1915(i) Remote Support Service Delivery Policy for requirements.

Provider Qualifications

Provider Type: Group

North Dakota Medicaid enrolled group provider of 1915(i) Peer Support Services.

Licensing: None

Certification: None

A group provider of this service must meet all of the following:

1. Have a North Dakota Medicaid provider agreement and attest to the following:
 - individual practitioners (Certified Peer Support Specialists I and II) meet the required qualifications under NDAC 75-03-43.
 - services will be provided within their scope of practice.
 - individual practitioners will have the required competencies identified in the service scope.
 - agency conducts training in accordance with state policies and procedures.
 - agency adheres to all 1915(i) policies and procedures, including but not limited to, participant rights, abuse, neglect, exploitation, use of restraints and reporting procedures are written and available for NDDHSS review upon request

2. Require individual practitioners (Certified Peer Support Specialists I and II) maintain current certification standards as required by NDAC 75-03-43-06 Recertification and NDAC 75-03-43-07 Continuing Education.

Provider Type: Individual

The individual providing the service must:

1. Be employed by an enrolled ND Medicaid enrolled billing group of this service.
2. Be at least 18 years of age.
3. Be certified as a Peer Support Specialist I or II under NDAC 75-03-43 Certified Peer Support Specialists by the NDDHHS Behavioral Health Division.
4. Maintain current certification as a Peer Support Specialist I or II as required by NDAC 75-03-43-06 Recertification and 75-03-43-07.

Supervision Requirements

For every 30 hours of Peer Support services provided, the individual provider must have one hour of face-to-face supervision with a qualified peer supervisor. The provider agency employing the peer specialist and supervisor is required to document the following requirements and have the documentation accessible for review by the NDDHHS.

A Qualified Peer Supervisor must be 18 years of age and a certified peer specialist or have one of the following combinations:

1. High school diploma or GED and at least:
 - Be a North Dakota Certified Peer Support Specialist II
 - Three years of work experience as a peer specialist or peer recovery coach including at least 2,250 hours of direct client service; or
 - Two years of work experience as a peer specialist or peer recovery coach including at least 1500 hours of direct client service, and at least one year of full-time work experience supervising others; or
 - Associate degree from an accredited college or university and at least two years of work experience as a peer specialist or peer recovery coach including at least 1500 hours of direct client service; or
 - Bachelor's degree from an accredited college or university and at least two years of full-time work experience supervising others; or
 - Be the director of an organization providing peer support services; and
2. Have completed a state approved peer support specialist supervision training.

Verification of Provider Qualifications

Provider Type: ND Medicaid enrolled agency provider of Peer Support Services

Entity Responsible for Verification: Medical Services Provider Enrollment

Frequency of Verification: Provider will complete an “Attestation” as part of the provider agreement process upon enrollment and at revalidation. Providers are required to revalidate their enrollments at least once every five (5) years.

Service Delivery Method: Provider Managed

Payment Rate

The client must be present to bill for this service.

Peer Support is a 15-minute rate. The rates are published on the Department’s website.

<https://www.hhs.nd.gov/medicaid-provider-information/medicaid-provider-fee-schedules>

Quality Assurance:

See 1915(i) Quality Assurance Policy.

Medical Records Requirements including Documentation Requirements, Signatures, Confidentiality, and Availability of Records

See 1915(i) Medical Records Policy.

Person Centered Service Delivery

Peer Support service delivery must be person-centered.

Agencies must have records available for NDDHHS review documenting that individual providers have knowledge and competency in the following:

- Person-Centered Plan Implementation

See 1915(i) Person- Centered Care Policy.

Person-Centered Plan of Care

See 1915(i) Plan of Care Policy.

HCBS Settings Rule Compliance Verification

Settings must be compliant with the HCBS Settings Rule.

See 1915(i) HCBS Settings Rule Policy.

Service Authorizations

All 1915(i) services must receive prior authorization.

See 1915(i) Service Authorization Policy.

Claims

See 1915(i) Claims Policy.